King County Add Family Members For Benefit Coverage

☐ Every other Thursday

Office Use Only	Date Received	Processed By	Effective Date

- Submit this form within 60 days of a qualifying event -- marriage, birth, etc. -- to add family members for coverage.
- If you currently have enhanced life or enhanced AD&D insurance for yourself, you may request it for a new family member by submitting a Request for Enhanced Family Member Life/AD&D Coverage Form within 60 days of the qualifying event.
- Does this change require an update to your insurance beneficiaries? If so, submit an Insurance Beneficiary Update Form, too.
- Return all forms to Benefits & Well-Being, Yesler Building YES-HR-0500, 400 Yesler Way, Seattle WA 98104-2683 (phone 206.684.1556/ fax 206.684.1925).

•	Add	☐ Spouse	☐ Domestic partner	Name			
		☐ Natural child☐ Adopted child		Soc Sec No			
		☐ Child placed under guardianship					
	☐ Disabled adult child		Birth Date				
	Qualifying Event	☐ Marriage/domesti☐ Qualified medical	ild attach Request to c partnership attach A child support order a	Continue Benefit Coverage Affidavit of Marriage/Dome	ottach appropriate documentation ge for Disabled Adult Child Form estic Partnership or copy of marriage certificate Medical Coverage Form		
	Coverage	☐ Include for medical, dental and vision		☐ Exclude from medical, dental and vision			
	Add	Spouse	☐ Spouse ☐ Domestic partner☐ Natural child ☐ DP's child				
	☐ Male☐ Female	☐ Natural child ☐ DP's child ☐ Foster child	Soc Sec No				
		☐ Child placed under guardianship					
		☐ Disabled adult ch					
	Qualifying Event	 ☐ Birth ☐ Adoption/foster placement/guardianship attach appropriate documentation ☐ Disabled adult child attach Request to Continue Benefit Coverage for Disabled Adult Child Form ☐ Marriage/domestic partnership attach Affidavit of Marriage/Domestic Partnership or copy of marriage certificate ☐ Qualified medical child support order attach copy of QMCSO ☐ Loss of other medical coverage attach Request to Opt Back in Medical Coverage Form 					
	Coverage	rerage			al, dental and vision		
	Add Spouse		□ Domestic partner	Name			
	☐ Male	 □ Natural child □ DP's child □ Adopted child □ Foster child □ Child placed under guardianship □ Disabled adult child 	Soc Sec No				
	☐ Female						
	Qualifying Event Birth Adoption/foster placement/guardianship attach appropriate documentation Disabled adult child attach Request to Continue Benefit Coverage for Disabled Adult Child Form Marriage/domestic partnership attach Affidavit of Marriage/Domestic Partnership or copy of marriage certificate Qualified medical child support order attach copy of QMCSO Loss of other medical coverage attach Request to Opt Back in Medical Coverage Form						
	Coverage						
	Employee Authorization						
This information is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change.							
Emp	Employee Signature				Date Signed		
Prin	Printed Name				Contact Phone ()		
Paid 5th & 20th each month Pay ID No				Soc Sec No			